

Dear Applicant:

As part of the review process for lead evaluation and abatement work, we are requesting that you specify the type(s) of structure(s) on which your company will be performing work. This information is necessary for coordination between enforcing authorities participating in the lead hazard evaluation and abatement program. Your cooperation is appreciated. *If your firm will be certified to perform abatement in residential structures, and you are interested in being included in a list of contractors that are willing to assist **single family** property owners in performing small lead abatements under N.J.A.C. 5:17, please check off **Small Projects**, as well as, **Residential Structures**.*

Please check the following which apply:

| | |
|-------------------------------------|--|
| _____ Residential Structures | _____ Small Projects (abatement only) |
| _____ Public Bldgs. | _____ Comm. Bldg/Super Structures |

Send application package to:

New Jersey Department of Community Affairs
Lead Hazard Unit
P.O. Box 816
Trenton, New Jersey 08625-0816

Effective March 2, 2009 the non-refundable fee for this certification is \$2,268.00. If approved, the certification period will be for two years.

A subscription to N.J.A.C. Title 5 which contains the NJ lead regulations at N.J.A.C. 5:17 can be obtained from West Publishing at 1-800-328-9352. For a copy of the current N.J.A.C. 5:17 only, please send a check for \$3.00, made out to Treasurer, State of New Jersey, with the notation "for Lead Regulations" to DCA Publications-Cecilia Heredia, P.O. Box 802, 101 South Broad St., Trenton, NJ 08625-0802. Phone # (609)984-0040, Ask for Publications.

The Lead/Asbestos Unit's telephone number is (609) 633-6224.
PL/pgh

APPLICATION
LEAD HAZARD CONTRACTOR

List all State(s) of registry for the corporation including New Jersey:

1. _____

2. _____

3. _____

4. _____

Unemployment Insurance Registration Number:

$| _ | _ - | _ | _ | _ | _ | _ | _ | _ | _ - | _ | _ | _ - | _ - | _ | _ | _ |$

New Jersey Corporate Registration Number:

SECTION III: COMPANY AGENT INFORMATION

The name and address of an agent upon whom service may be made upon the business organization within the State of New Jersey. *(Must be a resident of the State of New Jersey)*

Agent Contact Name:

|||||

Agent Contact Street Number:**Agent Contact Street Name:**

Agent Contact City:

|_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Agent Contact Zip Code:**Agent Contact Phone Number:**

(1111) 1111-1111

SECTION IV: EMERGENCY CONTACT INFORMATION

Person shall be available for emergencies outside of working hours and expect to receive standard correspondence from the Department.

Emergency Contact Name :{ First, M.I., Last}

|||||

Emergency Contact Title:

|||||

Emergency Contact Phone Number:
$$(_|_|_|_) _|_|_|_- _|_|_|_|$$

Emergency Contact Beeper Number:

(_ || _ || _) _ || _ || _ - _ || _ || _ || _

SECTION V: OWNERSHIP INTEREST INFORMATION

Person(s) with at least 10% ownership interest in firm: *(use additional sheets as required)*

Name: {First, Last, M.I.}

|||||

Date of Birth:

|||-||-|||

Date Ownership Effective:

|||-||-|||

Name: {First, Last, M.I.}

|||||

Date of Birth:

|||-||-|||

Date Ownership Effective:

|||-||-|||

SECTION VI: NJ DOH INDIVIDUALS INFORMATION

List names and NJ DOH certifications and numbers of all NJ DOH Lead Inspectors, Risk Assessors, Supervisors and Workers employed by the firm N.J.A.C. 5:17-2.3(b)7. *(Use additional sheets as required)*

NJ DOH ID Number: (six or nine digit number)

|||||

Permit Number:

|||||

Name: {Last, First, M.I.}

|||||

Discipline:

|||||

Salary:

|||||

SECTION VII: ADDITIONAL INFORMATION

8. Information regarding financial integrity of firm. If ordinarily prepared for other purposes, submit current reviewed financial statement prepared by an independent certified public accountant.
9. List firm's capability to perform the required testing and sampling, the type and amount of equipment available, and the personnel to perform it. *(Use additional sheets as required)*
10. List the names and laboratory certifications of laboratories to be most frequently used for lead testing. N.J.A.C. 5:17-3.3(b). *(Use additional sheets as required)*

Name of Laboratory:

|||||

Certification:

|||||

11. Describe the firm's policies and procedures to provide continuing education for NJ DOH certified personnel. *(Use additional sheets as required)*
12. Provide a brief history of the firm including experience in performing similar or related functions. N.J.A.C. 5:17-2.3(b)6. *(Use additional sheets as required)*.
13. Disclose any previous or current criminal or administrative penalty (local, state or federal) charged, assessed or paid, during the prior performance of lead work or similar contracting services.
14. Describe in detail the ability of the firm to review plans specification for release to the administrative authority having jurisdiction. Note any procedure or cooperative agreement with architectural, engineering or other firms to perform structural work necessary to stabilize substrates. N.J.A.C. 5:23. *(Use additional sheets as required)*
15. Submit an accord, and a letter from an insurance agent stating that an insurance policy in effect meets the requirement set forth in N.J.A.C. 5:17-2.3. "A minimum of \$1 million in commercial general liability coverage written on an occurrence basis without a sunset clause or provision admitted, or otherwise approved to write policies in New Jersey by the New Jersey Department of Insurance and with an "A" or better rating from A.M. Best".
16. Provide an organizational chart of the firm.

17. It is hereby certified:

- {A} That all technical jobs (inspection, risk assessment, abatement and testing) are and shall continue to be performed only by the personnel who are properly certified in accordance with N.J.A.C. 5:17 and New Jersey Department of Health regulations.**
- {B} That a supervisor certified by the New Jersey Department of Health shall be on each abatement job site during all abatement activities, including but not limited to erecting containment, abatement and tear down of containment materials.**
- {C} That neither the firm nor its principals have been convicted of any crimes; or that if they have been so convicted, the date, nature and disposition of those crimes is disclosed in an addendum to this application.**
- {D} That the answers given and information contained in this application are true to the best of my knowledge, and I further understand that any inaccuracy or misstatement, intentionally made, is cause for the rejection of my application, or for the withdrawal of any authorization previously given, by this Bureau.**

CONFLICT OF INTEREST STATEMENT

- {E} That *{Firm Name}*:_____ has no proprietor, general partner, officer, director, employee, or shareholder or limited partner in the firm employed as an official or inspector by any agency, public or private, enforcing the State Uniform Construction Code Act.**
That any relationship between the individuals or business firm performing lead evaluation services and the individuals or business firm performing abatement services at a job site shall be disclosed to the owner in writing.

That each applicant for certification shall disclose in the application any relationship with any other business organization engaged in lead evaluation and/or lead abatement or in the supply of goods, services or materials for lead evaluation or abatement or in any other work for which a permit is required pursuant to the Uniform Construction Code, N.J.A.C. 5:23, and shall further disclose all interests of any officer, partner, director, shareholder or employee in any other business organization engaged in lead evaluation and/or lead abatement or in the supply of goods, services or materials for lead evaluation or abatement or in any other work for which a permit is required pursuant to the Uniform Construction Code, N.J.A.C. 5:23.

That {Firm Name}:_____ acknowledges that it is economically related to the following firms: {list on a separate sheet of paper if applicable}, if 'none', write 'none' in space provided: _____. Contractor affirms that it shall neither engage in nor bid on projects conducted in New Jersey involving any economically related firms herein listed without fully disclosing its relationship.

That {Firm Name}:_____ contractor shall promptly update the contents of this item as necessary or periodically as the department requests.

{F} If both an abatement contractor and evaluation contractor, sign the following.
{Firm Name}:_____ has no proprietor, general partner, officer, director, employee, or shareholder or limited partner in the firm employed by a public health department or agency in the State of New Jersey.

If *only* an evaluation contractor, sign the following.{If Applicable}
{Firm Name}:_____ has the following proprietors, general partners, officers, directors, employees, or shareholders or limited partners in the firm employed by a public health department or agency in the State of New Jersey, and shall not engage in the business of lead evaluation within the area of jurisdiction of the public health department or agency by which any such person is employed and shall not have any relationship to any individual or business firm performing lead abatement services.

Name of person so employed

Jurisdiction of employment

{G} That this firm will disclose any conflict of interest with respect to any of its employees which may arise subsequently to this authorization.

Signed: _____

Date: _____

Name: _____

Title: _____